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<input type="checkbox"/> PCT/IPEA/409 IPER (PCT/IPEA/416 on front)	<input type="checkbox"/> PCT/IB/306 - Notification of a Change
<input type="checkbox"/> Annexes to 409 (Article 34 Amendment)	<input type="checkbox"/> Other: _____
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RECEIPTS FROM THE APPLICANT:

<input checked="" type="checkbox"/> Basic National Fee (or authorization to charge)	<input type="checkbox"/> Preliminary Amendment(s) Filed on: 1. _____ 2. _____ 3. _____
<input checked="" type="checkbox"/> Description	<input checked="" type="checkbox"/> Information Disclosure Statement(s) Filed on: 1. _____ 2. _____ 3. _____
<input checked="" type="checkbox"/> Claims	<input checked="" type="checkbox"/> Assignment Document (Forwarded to Assignment Branch)
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<input type="checkbox"/> entered <input type="checkbox"/> not entered: C. note & page for page substitution C. other: _____	<input type="checkbox"/> Certified Search Statement (exect.)
<input type="checkbox"/> Translation of Annexes to 409	<input checked="" type="checkbox"/> Oath/ Declaration (executed) C. note & page for page substitution C. other: _____
<input type="checkbox"/> entered <input type="checkbox"/> not entered: C. note & page for page substitution C. other: _____	<input type="checkbox"/> DNA Diskette <input type="checkbox"/> Sequence List
<input checked="" type="checkbox"/> Application Data Sheet	<input type="checkbox"/> Other: 1. _____
<input type="checkbox"/> Power of Attorney <input type="checkbox"/> Change of Address	<input type="checkbox"/> Other: 2. _____

NOTES: I.A. used in Specification Other: _____

35 U.S.C. 371 - Receipt of Request

Date Acceptable Oath/ Declaration Received

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Date of Completion of requirements under 35 U.S.C. 371(c)(1), (c)(2) and (c)(4)

Date of Completion of ALL requirements under 35 U.S.C. 371

Date of Completion of DO/EO 903 - Notification of Acceptance

9/13/05

Date of Completion of DO/EO 905 - Notification of Missing Requirements

Date of Completion of DO/EO 916 - Notification of Defective Response

Date of Completion of DO/EO 909 - Notification of Abandonment

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